

No. 2
-13-40
-17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3420

Registration District No. 548

Primary Registration District No. 5743

Registrar's No. 3

1. PLACE OF DEATH: Marion
(a) County. Marion
(b) City or town. Rural, Fabius Twp.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Months (Specify whether years, months or days)
In this community 10 Months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Robert Henry Gosney
3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Josie V. Johnston 6. (c) Age of husband or wife if alive Dec 1862 years
7. Birth date of deceased March (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Lewis County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

12. Name Henry Gosney
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma Deering
(b) Address Palmyra, Mo.
17. (a) Burial (b) Date thereof 1/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra, Mo.

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Mo.
19. (a) Jan. 21-1941 (b) Vertudee Lee (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 20 year 1941 hour 9:00 a.m. minute 0 M.

21. I hereby certify that I attended the deceased from Dec 23-40 to Jan 20, 1941
that I last saw him alive on Dec 23-40, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
4 c/a (Specify type of place)
While at work? Means of injury
23. Signature (M. D. or other) Date signed

Duration 40 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed

George Lewis

Licensed Embalmer No.

2382

P. O. Address

Palmyra Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.